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72058

7590

11/01/2010

Kilpatrick Stockton LLP- Adobe Systems, Inc. 58083
 Kilpatrick Stockton LLP
 1100 Peachtree Street
 Atlanta, GA 30309-4530

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Angela M. Rossi	(Depositor's name)
<i>Angela M. Rossi</i>	(Signature)
February 1, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10796,785

03/08/2004

Albert Gordon Smith

58083-375010 (M074)

1669

TITLE OF INVENTION: A SYSTEM AND METHOD FOR MANAGING INSTANTIATION OF INTERFACE ELEMENTS IN RICH INTERNET APPLICATIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$0	\$0	\$1510	02/01/2011

EXAMINER	ART UNIT	CLASS-SUBCLASS
ZAHR, ASHRAF A	2175	715-853000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kilpatrick Townsend
 & Stockton LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ADOBE SYSTEMS INCORPORATED

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

SAN JOSE, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☐ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies _____

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 110855 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date February 1, 2011

Typed or printed name _____

Eric G. Zaiser

Registration No. 58352

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